U S Department of Labor Office of Labor Management Standards { Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U					
3 Name and address of person filing Name Joseph. A Name file number and address of labor organization Name Labor Organization File Number (223-664) PO Box Bidg Room No if any Street 1000 Bacon St City Utica State New York ZIP Code +4 13591 A Held an interest m engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or a actively seeking to represent. Shame and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Signature Signature On Mill 1353 733-796. A Name of this report (including the information covabled in more penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information covabled in more penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information covabled in any approach in the instructions) A Held an interest m engaged in transactions (including trade name if any) 7 b Amount. Signature Signature On Mill 135 733-796.	1 File Number U 10505	2 Fiscal Year Covered From			
Name Joseph Dicesare Labor Organization File Number 023-664 P O Box Bidg Room No if any P O Box Building and Room Number if any Street 1000 Bacon St Street 112 South Street City Utica State State	·	1 / 1 / 2004 Through 12 / 31 / 2004			
Labor Organization File Number [023=664] PO Box Bidg Room No if any Street [1000 Bacon St	3 Name and address of person filing	4 Name file number and address of labor organization			
P O Box Blidg Room No if any Street 1000 Bacon St City Utica Street 112 South Street City Utica State New York ZiP Code +4 13501 State New York ZiP Code +4 13501 Foreign in labor organization Business Manager Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of concetary value from an employer whose employees your organization represents or schwly seeking to represent. A Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street Signature 15 Signature and verification The underegned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true corrock, and compilete (See the section on penalties in the instructions)	Name Joseph A Dicesare	Name Laborers Local 35%			
Street 1000 Bacon St City Utica State New York ZIP Code + 4 13501 Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (accept as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived interests or is actively seeking to represent. 5 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Blog Room No if any Street Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information capitalized in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		Labor Organization File Number 023=664,			
City Utica State New York	PO Box Bldg Room No If any	PO Box Building and Room Number if any			
State New York	Street 1000 Bacon St	Street 112 South Street			
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Name Trade Name if any P O Box Bldg Room No if any Street City Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) Signed On (315) 732-7965	(except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of				
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State Signature Signature Signature Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) Signed On (3/5) 73×2-7965	P O Box Bldg Room No If any	**************************************			
Signature Signature Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) Signed On (3/2/45) (3/5) 73×2-79:45	Street				
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15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) Signed On (3/5) 73x2-7945	State ZIP Code + 4				
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) Signed On (3/5) 73×2-7965	Signature				
	submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the				
	Signed Joseph Dilesee				

Name of Person Filing Joseph DiCesare	File Number U				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	ation			
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City ZIP Code + 4	11 a Nature of such deal 11 b Approximate dollar val 12 a Nature of interest he	ue of such dealing			
	12 b Amount				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment Dinner during a	health care meeting			
Name Amalgamated Bank Trust Dept 18 18 18 18 18 18 18 18 18 18 18 18 18					
PO Box Bldg Room No If any					
Street 11-15 Union Square West 4th Floor. City New York State New York ZIP Code + 4 10003					
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	\$65			

Name	of Person	Fillna	Joseph	DiCesare

File Number U

Part C Contin	uation rage				
C Received from any employer (other than an employer covered under parts A a payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
Name Name					
Trade Name if any					
PO Box Bldg Room No If any					
Street					
City City					
State New York ZIP Code + 4 ZIP Code + 4	A. S.				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
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13 b Is the Business an Employer or Consultant?	14 b Amount of payment.				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
Name Name					
Trade Name if any					
PO Box Bldg Room No if any					
Street Street					
City City					
State ZIP Code + 4					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.				